Nebraska Division of Behavioral Health

# MQIT

October 23, 2012 / 9:00-10:00 a.m. CDT

DBH/Live Meeting

## Meeting Notes

### I. Attendance *Heather Wood*

Region I – Laura Richards, Cara Didier, Katie Rinehart
Region II – Kathy Seacrest, Angie Smith
Region III –
Region IV – Ginger Marr, Ingrid Gansebom, Melinda Crippen
Region V – Linda Wittmuss
Region VI – Stacy Brewer, John Murphy, LuAnn Boehm, Joel Case, Miles Glasgow
Magellan – Lisa Christensen, Don Reding, Lori Hack, Carl Chrisman
DBH – Heather Wood, Robert Bussard, Ying Wang, Kelly Dick, Cody R Meyer, Dan Powers

### II. Welcome *Heather Wood*

- Heather welcomed attendees to the meeting; roll call was taken.
- Overview of agenda. No additions were requested.
- September 2012 MQIT minutes were approved. No additions or questions were noted.

### III. Regional Questions/Discussion *Heather Wood, Bob Bussard*

- ***Regions that have questions for Magellan should have these to Bob Bussard by the end of day Thursday, prior to the next scheduled MQIT meeting*** (Robert.bussard@nebraska.gov).
- Answers will be better addressed if Regions are able to submit their questions with examples or other details rather than generic questions.

**Annual Report**

- **QUESTION:** There were questions regarding person counts between the County of Residence and Region of Admission reports. There was concern that numbers between the reports were not the same.
- **ANSWER:** In the County of Residence report the people from that county are counted one time, but because people from a county may have admissions in more than one region, when you look at the Region of Admission report the counts for people from a given county can be different. This has to do with the distinction made in how the reports are structured. The County of Residence report is giving you the perspective of people receiving services one way, while the Region of Admission report presents them in a different way. So the numbers of people across a given county may not be the same between the two reports.
- **QUESTION**: There was still concern over the subject because on the Region of Residence report the county count should match the county of residence count on that report, and they do not.
- **COMMENT:** Don will look into this and see if there is any back end coding issue that might account for a discrepancy. Also, communicate to providers that county of residence is not county of admission (in regard to data entry).

**Auths for Community Support**

- **QUESTION:** Region VI providers were polled and there was a common theme that the auth process had changed, and what they could do differently to ensure authorizations and not denials. There was some concern that through the implementation of the Queue system folks have been seeing an increase in the number of denials (particularly Community Support service).
- **ANSWER:** Lisa suggested the group look at the appeals report. She summarized the report and looked at Region VI's detail of Community Support. The numbers are consistent over time. Carl

reinforced that when looking at auth and peer review stats from 2011 and compare to 2012 they are very similar. He stated that in terms of getting a Medicaid Rehab Option service authorized, it has to start with a functional assessment in the three life skills areas: vocation/education, social skills, and activities of daily living. Sometimes it is just necessary to have greater specificity and the right information in the notes working with the case manager. Carl would promote a unified assessment tool to assist with this. Providers always have 90 days to appeal a denial (gather more evidence/specific information).

- **COMMENT:** Region 1 commented that some of their clinicians no longer or rarely refer for community support because of the lengthy appeals process. Rather than go through the process they do not refer.
- **COMMENT:** Heather commented that our goal is to get everyone into the appropriate level of care they need, and that the process is working for them and not against them**.**
- **COMMENT:** Bob reminded the group that training for all the processes are on the MQIT web site: Plus Magellan has their training calendar going back two years, and you can go into that and review slides
- **There were no additional questions.**

## IV. Magellan Updates

### A. Report Discussion *Heather Wood, Bob Bussard*

The Average Handle Time Report, Error Report, and the Appeals Report will be available each month as handouts via Live Meeting. Discussion will be limited to one report each month, unless a specific request is made to discuss another report.

**Reports Discussion:**
See above , section III

### B. Reporting Update *Lisa, Don, Carl, Heather, Bob,*

NOMs Report: Magellan is currently unable to produce the NOMs report in Excel because of the complexity of the formatting and layout, only PDF. Don is talking to St. Louis to see what kind of alternatives there might be, but it will come down to redesigning the report. Therefore it is a possibility but probably will not happen in the near future as any restructuring of the reports will be labor intensive. Don will get back with St. Louis and provide information on this at the next meeting.

| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE |
|---|---|---|
| Check in with St. Louis to see what possible alternatives there are for producing the NOMs report in Excel. | Don | Next MQIT |

### C. EPC & CPC

Registrations made *before June 1, 2011* and that remain open can receive an administrative discharge. It is not necessary to go back to records with registration dates before June 1, 2011, unless more accurate discharge information is desired. Agencies must attend to registrations occurring after May 31, 2011 until today, starting with the most recent and working back. Remember to edit the registration, answer the new admission questions, and save the registration before a discharge can be completed.
The provider manual has guidance in Appendix K on how to complete information that is unknown or not available. Appendix K is the last page of the manual which can be downloaded from the MQIT web site: http://dhhs.ne.gov/behavioral_health/Pages/beh_mqit.aspx

### C. eBHIN Update

The Electronic Behavioral Health Information Network (eBHIN) and Magellan are working together to determine what records are in one system and not the other. Don is working with St. Louis and a coordinated effort is being done to make sure records are in both systems.

| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE |
|---|---|---|
| Communicate the date of the administrative discharge to group. | DBH | 10/29/12 |

### D. CPT Code Update

Medicaid and Magellan are working through the CPT codes that will be necessary for the behavioral health network. If a provider serves Medicaid consumers, note that there will be changes coming up in January, 2013.

| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE |
|---|---|---|
| Keep CPT Code Update on upcoming agendas. | DBH | Ongoing |

## V. Other

### A. Provider Manual Feedback *Bob Bussard*

- Please continue to provide feedback

### B. Living Situation Recommendations & Discharge Categories *Bob Bussard*

- Handout 6 (attached) includes both living situation recommendations and discharge categories. If there are questions contact Heather or Bob.
- With living situation, start by eliminating and continue until you narrow it down to the most likely category. When considering a living situation of adults living with adult children, keep in mind the individuals are living with supervision.

## VI. Meeting Close *Heather, Group*

Call for January MQIT Agenda Items:
- Update from Don on NOMs report options.

- Next meeting:, November 27, 2012, 9:00 – 10:00 a.m. Central Time
- Adjourned at 10:00 a.m.

*Notes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Notes are intended to provide only a general summary of the proceedings.*

## Appendix E – Definitions

### *Appendix E.1 - Living Situation Definitions*

**Private Residence WITHOUT support**

*Individual lives in a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy.*

**Private Residence RECEIVING Housing Related Assistance Support –**

(Consistent with definition of Supported Housing – URSTable 16) – Individual has been found eligible and is receiving ongoing monthly benefits under the Nebraska Housing Related Assistance program. Exclude consumers who received a onetime payment and are now in a private residence without supports. These consumers should be reported under "Private Residence WITHOUT support".

**Private Residence RECEIVING other support**

Consistent with definition of Supported Housing

- Individual lives in a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO) **and**
- Receives planned support from to maintain independence in his/her private residence. This may include individualized services to promote recovery, manage crises, perform activities of daily living, and/or manage symptoms. Support services are delivered in the person's home environment. The person providing the support services may include a family member or a friend living with the consumer or a person/organization periodically visiting the home.

**Foster Home**

Licensed Foster Home or Therapeutic Foster Care

**Regional Center**

Lincoln Regional Center, Norfolk Regional Center [designated as Institutes of Mental Disease (IMD)].

**Residential Treatment**

Individual resides in a residential care facility with care provided on a 24 hour, 7 day a week basis and funded through Mental Health or Substance Abuse funds by the Division of Behavioral Health such as Psychiatric Rehabilitation, Short Term, Residential, Partial Hospitalization, Therapeutic Community, Intermediate Residential, Halfway House, etc.

**Other Institutional Setting**

Individual resides in a licensed institutional care facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Mental Health Centers, Substance Abuse Treatment Centers, Skilled Nursing/Intermediate Care Facility, Hospitals, Assisted Living, DD centers, or Veterans Affairs Hospital, etc.

**Crisis Residence**

(A residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores consumers to a pre-crisis level of functioning). These programs are time limited for persons until they achieve stabilization. Crisis residences serve persons experiencing rapid or sudden deterioration of social and personal conditions such that they are clinically at risk of hospitalization but may be treated in this alternative setting.

**Children's Residential Treatment Facility**

Children and Youth Residential Treatment Facilities (RTF's) provide fully-integrated mental health treatment services to seriously emotionally disturbed children and youth. An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth. The services are provided in facilities which are certified by state or federal agencies or through a national accrediting agency.

**Jail/ Correctional Facility**

Individual resides in a Jail and/or Correctional facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Jail, Correctional Facility, Prison, Youth Authority Facility, Juvenile Hall, Boot Camp, or Boys Ranch.

**Homeless/ Shelter**

A person has no permanent place of residence where a lease or mortgage agreement between the individual and the owner exists. A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residency is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations,
- An institution that provides a temporary residence for individuals intended to be institutionalized, or
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

**Child Living with Parent/Relative**

A Youth age 0-17, or transitioning youth 18-21, living with Parent, other relatives, etc.

**Youth Living Independently**

A youth age 0-17, or transitioning youth 18-21, with his/her own identifiable residence with responsibility for that place.

**Other**

Living situation(s) not covered above.

**Dependent Living**

Refers to living in a supervised setting such as a residential institution, halfway house or group home, and children (under age 18) living with parents, relatives or guardians or in foster Care.

**Independent Living**

Refers to living alone or with others without supervision.

**Supported Housing**

Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain consumers are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist consumers to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation. Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability,

**NOTE**: if “Living Situation” at Admission is UNKNOWN, the default reporting is "Unknown".

## Discharge Status

**Select from the drop down menu the choice that describes the consumer's status at Discharge.**

| | |
|---|---|
| **Administrative DC** - Actions of an agency to discharge a person and having no record of the individuals intent to discharge, or for whom contact has been lost. | **Other –** E.g. moved, illness, hospitalization, or other reasons somewhat out of client's control. |
| **Aged out (youth)** – Persons between 17 and 19 years who because of age/maturity have been admitted to adult services. | **Terminated by Facility** – this differs from an administrative DC in that the program participant violated rules sufficient to jeopardize the safety/recovery of others in the program. |
| **Chose to decline additional Tx** – The individual, meeting with staff has chosen to discontinue treatment although they may have met continued stay criteria. | **Trans to Another SA Tx Prgm – and did report** Client was transferred to another substance abuse treatment program, provider or facility, and reported or it is not known whether client reported |
| **Client seen for Assess Only**- 1x Contact – One or more contacts specifically for an assessment. | **Trans to Another SA Tx Prgm - Did not Report** Client was transferred to another substance abuse treatment program, provider or facility, and it is known that client did not report. |
| **Death, not Suicide** | **Transfer to another MH Tx Pgm – and did report** Client was transferred to another mental health treatment program, provider or facility, and reported or it is not known whether client reported |
| **Death, Suicide Completed** | **Transfer to another MH Tx Pgm – did not report** Client was transferred to another mental health treatment program, provider or facility, and it is known that client did not report |
| **Did not Show for First Appointment** | **Transferred to Another Service** – Within an agency, the person required a different service. |
| **Incarcerated** – persons with whom the agency no longer has contact and it is known they were sent to prison or jailed or are on house confinement for offences. | **Treatment Completed** – the client and program staff agree that the client has made sufficient recovery such the client no longer meets the continued stay requirements. |
| **Left Against Prof Advice** (Drop Out) – client did not come back to appointments/residence and has not spoken to staff. | **Unknown** Client status at discharge is not known because, for example, discharge record is lost or incomplete. DO NOT use this category for clients who drop out of treatment, whether reason for drop-out is known or unknown. |

**Destination at Discharge -** Select from the drop down menu the choice that describes the consumer's destination at discharge. After the member leaves the treatment setting where are they headed?

| | |
|---|---|
| Hastings Regional Center | Norfolk Regional Center |
| Jail/Correction Facility | Other |
| Lincoln Regional Center | SA Intensive Res (Ther Comm) |
| MH Inpatient | SA Outpatient |
| MH Outpatient | SA Residential (Halfway House) |
| MH Residential | SA Short Term Residential |
| Medical | |